

DUR Committee
January 18th 2013 Minutes

Members Present:

Chuck Semling, PharmD
John Pappenheim, MD
Jenny Love, MD, MPH.
Greg Salard, MD
Rader, Maggi, CNM
C.J. Kim, R.Ph (DHSS)
Chad Hope, PharmD. (DHSS)
Erin Narus, Pharm.D. (Magellan)

Members Absent:

Dharna Begich, Pharm.D.

Public attendees:

- Meeting started at 1:06pm and announced that Mary-Beth Gardner has resigned from the DUR Committee. Introduced new member: Maggi Rader, CNM from Fairbanks.
- Review of minutes from November 16, 2012 meeting. (Approved; abstain Rader)
- Review agenda for additions
 - Dr. Salard suggested adding items “Comments/Suggestions” to ProDur portion of meeting and “Old Business” as an item to RetroDur portion of meeting

ProDUR

- Proposed Quantity Limits (QL): Dipeptidyl peptidase-4 inhibitors (DPP-4) and combination products
 - C.Kim presented background information, indication, and utilization history of DPP-4 inhibitors
 - DPP-4 inhibitors and combination products is one of the newest classes of oral medications for type 2 diabetes as an adjunct to diet and exercise
 - Detailed their status on the Preferred Drug List (PDL) and that each product does not require a prior authorization (PA)
 - Proposed QL’s match the maximum dosing from manufacture’s package insert
 - **UNANIMOUSLY APPROVED for QL**
- Proposed Quantity Limits and Therapeutic Duplication (TD): Lyrica (pregabalin)
 - C.Kim presented background information, indication and utilization history of pregabalin
 - All approved indications have a dosing regimen ranging from 2-3 divided doses per day with a maximum dose of 600mg/day.
 - Discussions included provisions to override the QL/TD during periods of titration and/or tapering of pregabalin
 - Consult with Magellan regarding letter noticing providers approval of an override for a period of 1-month to accommodate the titration or tapering of pregabalin
 - Pregabalin does not have require a PA and is a preferred drug
 - Proposed QL’s match the maximum dosing regimen from manufacture’s package insert
 - TD edit proposed to lookback into recipients profile for a period of 22 days for duplicate claims
 - **UNANIMOUSLY APPROVED for QL and TD**
- Proposed Prior Authorization: Marinol (dronabinol)
 - C.Kim presented background information, indication and utilization history of dronabinol
 - Currently only QL exist. The majority of the PA criteria is mostly taken from manufacturer’s package insert and compared to other PA criteria from other various third-party insurers.
 - DUR committee requested the State to reach out to the providers prescribing dronabinol for their feedback on the PA criteria
 - **TABLE dronabinol PA** until next meeting with feedback
- Proposed Prior Authorization: Co-Packaged *Helicobacter pylori* (*H.pylori*) “Kits”

- C.Kim presented background information, indication and utilization history of *H.Pylori* “KITS”
- Add to reject message for RPh to consult MD for PA required for “Kits” or similar wording (60-characters is max allowed)
- Revise dispensing limits for Helidac and PrevPac due to package size changes (NCPDP Billing Unit Standard – effective 12/27/2012)
 - UNANIMOUSLY APPROVED for PA
 - DUR committee also UNANIMOUSLY APPROVE to add future “KITS” indicated for *H.Pylori* to PA
- Review criteria for Korlym and Subsys
 - From November 2012 DUR meeting, committee requested a more detailed / diagnoses driven PA criteria
 - UNANIMOUSLY APPROVED
- New Prescription Medications (Interim PA List) – 6 Month Review
 - Background details of the Interim Prior Authorizations List for new members
 - C.Kim presented information and claim details for the medications on list
 - Committee review of Berinert (C1 esterase inhibitor)
 - Revised Prior Authorization Criteria - UNANIMOUSLY APPROVED
 - Remove from Interim PA list:
 - Metrogel 1% pump
 - Eleyso
 - Differin Gel pump 0.3%
 - Epiduo pump
 - Gelnique 3% gel pump
 - UNANIMOUSLY APPROVED
 - No Action – leave under current PA
 - Rosadan Cream Kit
 - Sorilux Foam
 - UNANIMOUSLY APPROVED

Retrospective DUR

- Discuss review criteria
 - Retrospective DUR (albuterol interaction with beta-blockers or ibuprofen dose > 3200mg)
 - The profiles were discussed and evaluated for intervention letters to be sent out to the providers.
 - Interventions discussed on profiles varied from polypharmacy, polyprovider, therapeutic duplication, non-compliance, drug-drug interactions, candidates for possible “lock-ins”, and unnecessary care/duration.
 - Presented information on previous implemented edits and removal of PA’s
 - Revia (naltrexone) removed 5/2/2012
 - New business about future PA’s
- Comments/Suggestions:
 - Possible additional letters to providers regarding articles from MedWatch
 - Incivek (telaprevir) In Combination with Drugs Peginterferon Alfa and Ribavirin (Incivek Combination Treatment): Drug Safety Communication – Serious Skin Reactions
 - Claims Query result: 11 physicians that have prescribed Incivek to since 2011

- Pradaxa (dabigatran etexilate mesylate): Drug Safety Communication – Should Not Be Used in Patients with Mechanical Prosthetic Heart Valves
 - Claims Query result: 25 physicians that have prescribed Pradaxa in the last 6 months.
- Suggest add-on wording on intervention letters: “Have you read the MedWatch Article, “Zolpidem Containing Products: Drug Safety Communication – FDA Requires Lower Recommended Doses”? And attach the website address for providers viewing pleasure.
- C.Kim suggested to committee members to submit informational websites they use in their practice. Will add websites on intervention letters to pass on educational information to providers about new drugs, therapies, or in general to pass on useful information
- From November 2012 meeting:
 - “G.Salard inquired about the cost or possibly converting the AK Medicaid PDL to an ‘epocrates’ format for physicians and pharmacist able to view on APP on hand held devices.”
 - Response - program is costly, extensive maintenance and set-up
- Next meeting is scheduled for March 15, 2013 and location same as before.
- Meeting adjourned 3:15pm.